

**OFFICER'S BATTERY REPORT**  
CHICAGO POLICE DEPARTMENT

RD NO. **JA340766**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>LOPEZ, LUIS</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>2739 N LECLAIRE AVE</b>	
STAR NO. <b>17819</b>	POSITION <b>POLICE OFFICER</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>03-JAN-1995</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>303-SIDEWALK</b> BEAT OF OCCURRENCE <b>2521</b>	
UNIT OF ASSIGNMENT <b>025</b>	BEAT/CALL NO. <b>2512</b>	DATE OF OCCURRENCE <b>09-JUL-2017</b>	TIME <b>11:24:00</b> DAY OF WEEK <b>SUNDAY</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	NO. OF OFFICERS BATTERED <u>2</u>	
HEIGHT <b>504</b>	WEIGHT <b>155</b>	WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>4</u>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many?  PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input checked="" type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>380 ACP</b> _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input checked="" type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input type="checkbox"/> K. OTHER _____			
FIREARM USE INFORMATION			
(Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>WHITE HISPANIC</b>	DOB <b>17-APR-1993</b>	CB NO. _____ IR NO. _____
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <u>1</u>			
TYPE OF INJURY TO OFFICER		WEATHER CONDITIONS	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
LIGHTING CONDITIONS AT INCIDENT		APPROXIMATE OUTDOOR TEMPERATURE: <u>80 °F</u>	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<input type="checkbox"/> E. ARTIFICIAL LIGHT LOG# <u>1095876</u> <input type="checkbox"/> 2. GOOD	

**The offender exited the residence, pointed then discharged a firearm in R/os direction. R/o was unable to return fire due to civilians and other officers being in close proximity to the offender.**

REPORTING MEMBER - SIGNATURE  
LOPEZ, LUIS

STAR NO.  
17819

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
WILLIAMS, TERENCE V

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